24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) American College of Radiology Association Political Action Committee	ee C C00343459
Check If Z 24-hour report 48-hour report New report Amends report filed	d on 07
Full Name (Last, First, Middle Initial) of Payee Strategic Media Services, Inc. Mailing Address 3299 K Street, NW	Date 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 200	Amount
City State Zip Code	50454.00
Washington DC 20007	Transaction ID : V6026FFF728D611E914D
Purpose of Expenditure Radio ad-disseminated 7/25/2012-8/2/2012 Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	ce Sought: House State: TN Senate District: 06 President
Rep. Diane Black	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 50454.00 Disl	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type Offi	ce Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	50454.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	50454.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
DR. William Herrington [Electronically Filed] Date	07 24 2012
Signature	